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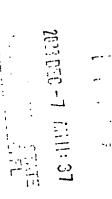
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COVER LETTER

TO: Registration Section Division of Corporation	s		
SUBJECT: <u>CAR</u>	YeL VARiet Name of Limited Liability Comp	y Stores	<u>L</u> Lc
The enclosed Articles of Amendm	ent and fee(s) are submitted for filing.		
Please return all correspondence c	oncerning this matter to the following:		
_1	1ARIP CARM Name of Po	el Joan	TEN JOANER
<u></u>	Firm/Com	pany	
_ (5521 SW 1	oth Street	<u> </u>
¥	embroke Pine City/State and 2	S FLOri	MM 33023
	E-mail address: (to be used for futu	re annual report notification)	
For further information concerning	g this matter, please call:		
MARIE CARY Name of Person	nel Jamen at 75.	204 76 Code Daytime Telephor	99 (283) ne Number () 273 () 273
Enclosed is a check for the follow	ing amount:		-1
	0.00 Filing Fee & S55.00 File Certificate of Status Certified (additional)	Copy	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is effelosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number L 23000 5160 37 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: MARIE (ARMEL JOSmen 6521 SW 1044 Sheet Enter Florida street address Pembroke Pins Florida 33023 City Zip Code Name of New Registered Agent: New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma $AMBR = Au$	nager thorized Membe	er		
<u>Title</u>	Name		Address	Type of Action
MGR	MARIE	CARMel	JOANEN JOANEN	Add
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an effective date is listed, the date must be specific and cannot be prior to date of filing or more that	an 90 days after filing.) Purşuant to:	60 5.020
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bearing a creenve date on the respansion of state a resortation	ក្ន	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier of: (b) The 90th day a	ifter the
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